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## Country programme recommendation**

## Cambodia

## Addendum

*Summary*

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Cambodia for the period 2001 to 2005 in the amount of $15,583,000 from regular resources, subject to the availability of funds, and $52,200,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54113 (E) 280800

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## The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.9).

## Programme cooperation, 1996-2000

2. Following a series of short-term programmes in response to emergency situations, the first regular five-year programme (E/ICEF/1996/P/L.51) moved from relief and reconstruction to development and child rights. Overall, good progress has been made towards the World Summit for Children goals.

3. The community action for social development (CASD) programme developed an integrated approach to child survival, care, growth and development in six of the poorest provinces of the country. More than 600 villages prepared and implemented village action plans centred on the rights and needs of children and women. In those villages, child malnutrition (weight-for-age) decreased by more than 10 per cent and the women's low body mass index by 20 per cent. Immunization coverage increased from 53 to 88 per cent, and diarrhoea prevalence decreased by 17 per cent. More than 1,300 safe water wells were constructed, and 10,000 families built their own latrines. Some 28,000 families developed home gardens, 12,000 women participated in literacy classes while their children attended child-minding centres, and 19,000 took part in micro-credit activities.

4. The health programme emphasized capacity-building and training. In collaboration with the World Health Organization (WHO), UNICEF assisted the Ministry of Health in designing and implementing policies and guidelines. National expanded programme on immunization coverage increased to around 70 per cent. Polio eradication is on track, the last polio case having been reported in early 1997. Supplementation with vitamin A, distributed during routine immunization and national immunization days, has achieved over 70 per cent coverage. Salt iodization started in 1999 and, although coverage is still low, production and consumption are increasing steadily. In four provinces, UNICEF health advisers played a key role in strengthening district health services, with over 100 health centres and referral hospitals equipped and personnel trained to deliver the "minimum package of activities". The increased national capacity allowed UNICEF to phase out its support to the health information system. Technical assistance and procurement services ensured the availability of a basic set of essential drugs at all public health facilities.

5. In education, the redesign of primary and lower secondary curricula and textbooks is being completed, and over 80,000 teachers were trained. In partnership with the Asian Development Bank (AsDB), over 16 million new textbooks were printed and distributed to all primary and lower secondary schools. In collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the education management information system was set up and contributed efficiently to the 2000 Education for All assessment. In six provinces, UNICEF technical assistance contributed to improving the planning and management capacities of the education departments and supported the development of school clusters, which later became national policy. The 46 UNICEF-supported cluster schools emphasized quality improvement, child-centred teaching and parental participation. An emergency contribution from the Swedish International Development Authority made it possible to reconstruct 1,859 classrooms destroyed by floods.

6. In partnership with government institutions and numerous local and international non-governmental organizations (NGOs), UNICEF supported the national response to children in need of special protection through prevention, early intervention, recovery and reintegration. Technical assistance and training of over 500 social workers and staff of the Ministry of Social Affairs and the Cambodian National Council for Children helped bring children's rights to the Government agenda, strengthen social services and prepare the first country report to the United Nations Committee on the Rights of the Child (submitted 18 December 1987 and reviewed 24 May 2000.) Through local NGOs and government services, UNICEF supported the recovery of 661 child victims of sexual exploitation, 800 street children and families, and 237 neglected/abused children. Outreach activities for over 3,000 street children, and follow-up of 1,700 former street children and child prostitutes after reintegration in their native villages, were also supported.

7. Community mine-field marking and mine-risk education for some 172,000 children contributed to the prevention of landmine accidents. Through specialized NGOs, UNICEF assisted the physical rehabilitation of 4,077 children and 2,107 parents, and the socio-economic reintegration of 2,296 children and 5,792 parents. The Mine-Incident Database recorded and disseminated detailed information about 40,000 mine/unexploded ordnance (UXO) accidents which occurred between 1979 and 1999. To provide a stronger basis for planning and monitoring, this database is being integrated with other data on mine fields, UXOs and de-mining.

8. UNICEF involvement in HIV/AIDS prevention increased with the rapid progression of the epidemic. Following the mid-term review (MTR) in 1998, a "stand-alone" HIV/AIDS project was established. Increased resources allowed for the production and countrywide distribution of printed materials, radio/television messages and a series of interactive videos for youth. Over 25,000 schoolteachers received orientation on HIV/AIDS. After the life-skills workshops, lesson plans and reading material on HIV/AIDS were produced. In the most affected provinces, multisectoral strategic plans were implemented with the assistance of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF.

### Lessons learned from past cooperation

9. The lessons learned are detailed in the country note.

## Recommended programme cooperation, 2001-2005

Regular resources: $15,583,000
Other resources: $52,200,000

### Recommended programme cooperation[a]

**(In thousands of United States dollars)**

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Community action for child rights (*Seth Koma*) | 3 800 | 11 400 | 15 200 |
| Health and nutrition | 2 300 | 11 000 | 13 300 |
| Expanded basic education | 2 200 | 12 000 | 14 200 |
| Children in need of special protection | 1 500 | 9 000 | 10 500 |
| HIV/AIDS prevention and care | 1 140 | 6 800 | 7 940 |
| Advocacy and social mobilization | 1 500 | 2 000 | 3 500 |
| Cross-sectoral costs | 3 143 | - | 3 143 |
| **Total** | **15 583** | **52 200** | **67 783** |

[a] The breakdown for estimated yearly expenditures is given in table 3.

## Country programme preparation process

10. The MTR in 1998 initiated the strategic reflection for the new country programme. In early 1999, the situation analysis of Cambodian children and women complemented the 1998 United Nations Common Country Assessment (CCA) and led to the identification of priorities. Later in the year, the goals, objectives and strategies were developed and included in the strategy paper and country note. In October 1999, representatives of 13 ministries, the UNICEF Regional Director for East Asia and the Pacific, United Nations agencies, donors and NGOs attended the strategy meeting organized by the Ministry of Planning. A joint steering committee and technical working groups proceeded to elaborate the master plan of operations, ensuring Government participation and ownership.

11. At the same time, the CCA/United Nations Development Assistance Framework (UNDAF) process allowed for closer inter-agency collaboration. Based on the CCA, Government priorities and the comparative advantages of the United Nations system in Cambodia, the UNDAF grouped the strategic priorities of all United Nations organizations working in Cambodia into four areas of concentration: (a) governance, peace and justice; (b) poverty reduction; (c) human development; and (d) sustainable management of natural resources. In addition, a series of cross-cutting issues relevant to all areas of concentration were identified. UNICEF cooperation will address mainly the first three areas of concentration and the cross-cutting issues related to children's rights, participation, women's empowerment and gender.

## Country programme goals and objectives

12. Within the global mandate of UNICEF to protect, promote and fulfil the rights of the child, the Government and UNICEF have agreed to pursue a set of interrelated goals addressing critical stages of the life cycle of the child: (a) safe pregnancies and deliveries, and healthy newborns; (b) the best possible start in life for each child — in a safe, caring and nurturing environment — to reach school-age alive and healthy, well-nourished and nurtured; (c) the protection and full development of school-age children in a friendly and stimulating learning environment, with particular attention to the most disadvantaged and the girl child; and (d) youth to acquire better life skills, express their views, and lead more meaningful and secure lives.

13. Aimed at achieving these goals, the new country programme will be organized into six synergistic components to be implemented at the national level and in five priority provinces where all programme components will converge. At the national level, UNICEF will provide mainly technical assistance for and financial inputs to policy development and national programmes of strategic importance. In the provinces of concentration, UNICEF will provide capacity-building activities, training, cash assistance and essential supplies to implement local action plans and increase coverage and the quality of health, education and social assistance services, thereby providing a comprehensive early childhood care for survival, growth and development (ECC-SGD) package. The impact objectives to be achieved by 2005 through concerted efforts with partners are presented below.

14. The community action for child rights (*Seth Koma*) programme, covering 1,000 villages with about 1 million people, will contribute to: (a) sizeable improvements in child and maternal nutrition and health; (b) improved access to health, education, water and sanitation services, and learning opportunities for youth and adults; (c) increased economic opportunities through credit schemes and village funds and skills training; and (d) reduction of the vulnerability of communities, families and individuals, in particular the disabled, the victims of landmines and people living with HIV/AIDS.

15. The health and nutrition programme will contribute to the Government goals of: (a) reducing infant mortality and under-five mortality rates by 30 per cent, and the maternal mortality rate by 40 per cent; (b) reducing moderate and severe malnutrition (low weight-for-age) in children under five year old by 30 per cent; and (d) controlling micronutrient deficiencies, including the virtual elimination of iodine deficiency disorders through salt iodization, regular supplementation of vitamin A to 80 per cent of eligible children and women, and the reduction of iron deficiency anaemia in children under five years old and pregnant/lactating women by 20 per cent.

16. The expanded basic education programme will contribute to increased enrolment, decreased disparities, improved learning achievements, and more effective and efficient basic education, including life-skills education components. Within the area of integrated ECC-SGD, the education programme will contribute to expanded access to early childhood programmes and the adoption of a national policy on early childhood education.

17. The children in need of special protection (CNSP) programme will contribute to: (a) the rescue, recovery and reintegration of neglected, abused, exploited and trafficked children; (b) the development of coordination mechanisms and networks for child rights' promotion and child protection at regional, national, provincial and village levels; (c) improvement of the legal framework for child protection and enforcement of laws and regulations, especially with regard to child abuse, sexual exploitation and trafficking; and (d) the reduction of deaths and disability caused by landmines through community mine-marking, mine-risk education and the rehabilitation of mine victims.

18. The HIV/AIDS prevention and care programme will, in collaboration with other programmes, contribute to: (a) an increased response in terms of partnerships and resources to combat the spread and impact of HIV/AIDS; (b) the adoption of safe behaviour through the provision of life skills and behavioural change and development communication for youth groups, particularly vulnerable to HIV/AIDS, and the general population; (c) the prevention of father to mother-to-child transmission (MTCT) of HIV through overall prevention efforts, making voluntary and confidential HIV testing and counselling services at all national hospitals and 70 per cent of provincial referral hospitals, and through the progressive development of the prevention of MTCT protocols at all national maternity hospitals and 50 per cent of provincial referral hospitals, and (d) access to family- and community-based care services, including care through Buddhist monks and peer support groups, and the promotion of non-discrimination for children and families affected by HIV/AIDS.

19. The advocacy and social mobilization programme will contribute to: (a) increase the awareness and skills of individuals and families to adopt behaviours leading to better child survival, care, development, protection and participation; (b) adoption at family and community levels of appropriate caring practices for newborns, early childhood, and pregnant and lactating women through social communication and social marketing; and (c) the development of national and local information systems able to provide timely and relevant analyses to decision makers on issues concerning the well-being of children and women.

## Relation to national and international priorities

20. The goals and objectives of the country programme take into account the new initiatives and future actions for children in the twenty-first century and respond to the priorities identified in the situation analysis and in the CCA. The identified priority areas are consistent with current government policies and plans. UNICEF cooperation will address some of these priorities in accordance with its mandate and in light of its comparative advantages and experience in Cambodia.

21. The challenges for the future have been clearly spelled out by the Government. The same priorities were elaborated in the UNDAF. Most donor countries welcomed the government plans and are actively supporting the social sector. The World Bank Country Assistance Strategy and the AsDB Country Operational Strategy support Government efforts, with a particular focus on sustainable development, poverty reduction and the social sector. To ensure an effective and dependable response to emergencies, UNICEF will maintain an appropriate standing level of emergency preparedness and response.

## Programme strategy

22. The programme strategy remains as described in the country note.

23. *Community action for child rights (Seth Koma).* *Seth Koma* will build on the experience and positive impact of the former CASD programme. In the provinces of concentration of the country programme, UNICEF will encourage community ownership and provide inputs to village action plans in about 1,000 rural villages. These plans, prepared by village development committees (VDCs), will focus on the needs and rights of children identified through repeated "triple-A" cycles of assessment, analysis and action. Child assessment sessions will be held three times a

year. The nutritional status of children and mothers will be used as the main indicator of outcome.

24. To improve coverage and the quality of basic services, as well as ensure technical support to the village action plans, UNICEF will provide provincial and district staff from health, education, rural development, women's affairs, agriculture and social affairs with technical assistance, training and support for outreach activities. VDC members will be offered orientation, training, non-formal education and opportunities for interchange and experience sharing. To accelerate the processes of institutional strengthening and community empowerment, UNICEF will promote partnerships and agreements between *Seth Koma* and rural/community development projects supported by the Government, international agencies and NGOs.

25. Behavioural change will be promoted by providing education on breastfeeding, complementary feeding, HIV/AIDS, immunization, iodized salt, vitamin A, birth spacing, oral rehydration therapy and anaemia prevention. The use of health services and participation in co-management and co-financing schemes will be encouraged. School enrolment and regular attendance of all school-age children will be fostered, along with the active participation of parents in parent-teacher associations (PTAs). Building on the experience of the child-minding activities associated with literacy classes, new emphasis will be placed on the motor and psychosocial development of the child. A network of VDC members and other community volunteers will be trained to identify and respond to problems faced by children in need of special protection.

26. *Seth Koma* will work with villagers on household and village hygiene and safety, and on the protection of water and forest resources. Farmer schools will help villagers improve crop yields while protecting the environment through the correct use of fertilizers, insecticides and natural predators for pests. Expanding ongoing credit schemes to include revolving funds will help families borrow for activities that will either directly or indirectly benefit their children.

27. *Health and nutrition*. This programme aims to improve access to basic health and nutrition services and to the better knowledge of caregivers and families, with a special focus on children under five years old and women of reproductive age. The programme will intervene at the national level and in five priority provinces, which will benefit from additional synergistic assistance from the other components of the country programme.

28. At the national level, UNICEF will provide technical assistance mainly for policy/strategies and health systems development. Strategic supplies such as essential drugs, vaccines, cold-chain equipment, salt iodization machines and promotional materials will be provided to complement the allocation of national resources. The training of health staff will support the delivery of priority maternal and child health and nutrition interventions, including immunizations, vitamin A, de-worming, oral rehydration salts (ORS), iodized salt, breastfeeding support and health education. UNICEF will also provide financial assistance for outreach services delivery in underserved areas.

29. In the provinces of concentration, UNICEF will provide technical assistance through outposted health advisers to accelerate the availability and use of basic health services, strengthen the linkages between health providers and communities, and support provincial information campaigns. Medical equipment and training for health staff will contribute to make a network of community co-managed and co-financed health centres and hospitals operational. UNICEF support will also help to build the capacity of the district health system and of management teams to be able to plan, deliver and monitor child-, women- and youth-friendly services. In the *Seth Koma* villages, UNICEF will work closely with communities to achieve higher reductions in malnutrition, safer motherhood, improved family health and nutrition practices, the prevention of HIV transmission and support for families affected by AIDS.

30. The Ministry of Health will be the main institution for programme implementation. External partners include WHO, the United Nations Population Fund (UNFPA), the World Bank, AsDB and NGOs. UNFPA and UNICEF will work as joint partners in accelerating the reduction of maternal mortality in the priority provinces. UNICEF will provide technical support for the planning and implementation of activities funded by World Bank and AsDB loans. At the provincial level, UNICEF will help to strengthen decentralized planning and management as well as provincial coordination, leading towards more formal sub-sector-wide approaches. Private sector partnerships

will continue to be important for the social marketing of iodized salt, ORS, and other products and services.

31. *Expanded basic education.* In line with the Dakar Framework for Action, UNICEF will support Government efforts to better prepare schools for children and children for schools, to broaden the scope of basic education, and to encourage more "child-friendly" learning environments and approaches. To help parents, teachers and caregivers meet the psychosocial and cognitive needs of young children, UNICEF will assist the development of a comprehensive early childhood care and development (ECCD) curriculum and associated training.

32. UNICEF will assist the Ministry of Education in building consensus and coordination around education reforms, sector reviews and sector-wide approaches (SWAPs). National-level support will include strengthening the education management information system, and training of school principals, cluster school heads and core staff on information-based school management. Assistance for curriculum adaptation and textbook improvement will continue. To assist youth to understand and avoid risk behaviours, life-skills components will be further integrated into formal and non-formal curricula. The cluster school system will be developed further to improve teaching-learning processes and include child-friendly innovations.

33. In the provinces of concentration, teacher training and technical assistance will be associated with activities at school cluster and community levels. In the *Seth Koma* villages, UNICEF will support the delivery of a range of basic educational services, including ECCD, pre-school, and primary and lower secondary school, in addition to literacy and skill training for women and out-of-school youth. School coverage plans will be designed and implemented with PTAs, VDCs and commune councils. Education indicators will be monitored at the school, village, commune and cluster school levels. Innovation will be encouraged to make the curriculum more stimulating and child-friendly, especially for girls, ethnic minorities and disadvantaged children. Reducing disparities will demand constant attention to gender, ethnic and location issues, the sensitization of teachers and social communication with families. In the poorest areas, limited basic education supplies will be provided.

34. Interaction between area-based interventions and national programmes will influence policy development and contribute to improved quality, equity and decentralized management of the education services. Partnerships with United Nations agencies, multilateral and bilateral donors, and national and international NGOs will continue to be developed. The Ministry of Education, Youth and Sport will be the main counterpart, implementing through the Departments of Planning and Primary Education, provincial education offices and local cluster school committees.

35. *CNSP.* UNICEF will provide technical assistance, on-the-job training and financial support to the Ministry of Social Affairs and selected departments of the Ministries of Interior and Justice in the development of policies, regulations, legislation and plans on child protection and child rights. Assistance and training will also be provided for assessment, planning, implementing and monitoring the situation and services for children in need of special protection. Especially in view of the increasing number of children orphaned and displaced by HIV/AIDS, alternative forms of child care outside institutions will be sought and supported.

36. In the *Seth Koma* provinces of concentration, a community-based child protection network for prevention and early intervention will be established. Community social helpers will be trained to identify, refer and follow up children with physical impairments or social problems that rely on a trained multisectoral referral network. Community social helpers will also disseminate information on key issues such as HIV/AIDS and child trafficking, and facilitate youth to access life-skills training and non-formal education opportunities.

37. In urban and border areas with major CNSP problems, UNICEF will assist the social affairs departments to establish or strengthen "child protection networks" for rescue, recovery, referral and reintegration. Applying lessons learned in the *Seth Koma* villages, community-based networks for prevention and early intervention will be established in cooperation with urban community development partners. A pilot youth resource centre model aimed at preventing juvenile delinquency will be established.

38. In post-conflict areas, support to child mine-risk education, community mine-marking and mine incident data-gathering will continue. Mine victims will receive assistance for physical rehabilitation as well as socio-

economic reintegration, with a focus on access to school for children with disabilities. In support of demobilization efforts, the issue of under-age soldiers and development assistance to newly accessible areas will be addressed, in partnership with international organizations and NGOs.

39. *HIV/AIDS prevention and care.* To minimize the impact of HIV/AIDS on children, UNICEF will advocate commitment and resources from national leaders, local authorities and donors. To counteract risky behaviours and negative role models, intensive social communication will promote behaviour change, especially among youth. Technical and financial assistance will be directed to reducing HIV transmission from father to mother-to-child through preventive and curative services such as voluntary testing and counselling, appropriate medical treatment, clinics for the treatment of sexually transmitted diseases, and training of health workers and drug sellers. Life-skills training and sexual education will be further integrated into formal and non-formal education curricula.

40. In partnership with the Ministry of Cults and Religion, UNICEF will support the training of about 10,000 Buddhist monks throughout the country. Village pagodas will be enabled to provide general care and moral support to people living with HIV/AIDS, fostering compassion and social reintegration. To address the needs of children affected by HIV/AIDS, UNICEF will provide assistance to public services and NGOs. Community-based activities in the *Seth Koma* areas will help to create peer support groups and pilot community-based and family care practices. Ensuring care resources for HIV/AIDS activities will be a priority for all country programme components.

41. At the national level, UNICEF will join efforts with the other UNAIDS co-sponsors, the Australian Agency for International Development, the European Union, the United States Agency for International Development, NGOs and other donors in providing assistance to the National AIDS Programme and the National AIDS Authority. In partnership with UNFPA and WHO, reproductive health services for youth will be developed. In the most affected provinces, including urban and border areas, UNICEF will support local plans of action, while strengthening planning, management and monitoring capacities of provincial AIDS committees through training and technical assistance. Regional and subregional initiatives, such as the Mekong Partnership, will provide assistance to cross-border interventions, intercountry exchanges, technological improvement and human resource development.

42. *Advocacy and social mobilization.* This cross-cutting programme component will foster the greater participation of beneficiaries, policy makers and implementers in all activities supported by the country programme in order to accelerate the adoption by families and individuals of practices that are critical for improving child survival, development, protection and participation. This will be achieved mainly through advocacy for the rights of the child, social communication for behaviour change, and the mobilization of communities and local decision makers.

43. The monitoring and evaluation function will be the cornerstone of the programme and will set the priorities for advocacy, social mobilization and behavioural change communication. Appropriate management information systems and data analyses at the subnational level will be supported and strengthened by the orientation and training of decision makers and their staff on the interpretation of data analysis in order to achieve increased awareness and better-informed decision-making. For this purpose, a basic set of gender-sensitive indicators will be aggregated at provincial and district levels on a regular basis and presented in a simple and attractive format.

44. Critical needs for communication interventions to support the country programme will be identified and revised on a continuing basis. Using *Facts for Life* as a reference, UNICEF will develop interpersonal communication activities within existing community mobilization processes such as *Seth Koma* and similar programmes. Mass media will be used to increase the impact and broaden the coverage of the interpersonal communication efforts. Advocacy for child rights and social marketing for demand creation will have a national scope, while behaviour change communication will target priority geographic areas and groups at risk.

45. *Cross-sectoral costs.* This component, charged entirely to regular resources, is intended to cover programme implementation costs not attributable to individual programmes, but clearly linked to its delivery. It will be used mainly for salaries and related expenses of supply staff and of those operations staff not included in the support budget.

## Monitoring and evaluation

46. In partnership with other agencies and donors, UNICEF will continue to support the Ministry of Planning, the National Institute of Statistics and other institutions to carry out national surveys such as multiple indicator cluster surveys (MICS), demographic and health surveys, and socio-economic surveys. Assistance will be provided to key national information systems — namely health, education and HIV/AIDS — to process data and produce information for feedback and decision-making. UNICEF will continue to assist the Government in fulfilling its obligation to monitor and report on implementation of the Convention on the Rights of the Child. Data will feed the ongoing situation analysis and the CCA. In connection with social communication activities, knowledge, attitudes and practices of communities and families will be monitored.

47. Periodic evaluations, baseline surveys, annual reviews with the Government and partners, and annual planning workshops will be used to assess progress towards the country programme objectives and to guide the annual planning process. The geographic information system's maps of key indicators will be developed further to reinforce local-level monitoring. Gender-sensitive indicators based on MICS standards will be analysed at provincial and commune levels, with particular attention to the provinces of concentration. Given the rapidly evolving country situation, the MTR in 2003 will be particularly important for adjusting or modifying the country programme priorities and strategies.

## Collaboration with partners

48. UNICEF looks forward to further strengthening partnerships with international, local and grass-roots organizations. UNICEF will also continue to be an active partner of the United Nations country team and its theme groups, donor working groups, NGO coordination committees, and NGO task forces on commercial sexual exploitation, street children and disability. Joint projects and agreements with local and international NGOs will complement government execution, especially in the areas of child protection and HIV/AIDS. New partnerships will be sought in the growing sector of social communication and mass media, as well as with civil society organizations such as the Cambodian Midwifes Association and the Bar Association.

49. Sharing priorities and synchronizing programming cycles within UNDAF have enhanced linkages among United Nations agencies. In particular, UNFPA and UNICEF have agreed to co-fund several activities related to safe motherhood, youth reproductive health and HIV/AIDS. The same holds true for the World Food Programme (WFP), whose geographic priorities coincide mostly with the Seila Krama target areas. At the technical level, coordination on policies and operations will continue with WHO, UNFPA, WFP, the World Bank and AsDB in health and nutrition, with UNESCO, AsDB, the World Bank and the European Union in education, with the United Nations Development Programme (UNDP), WFP and the Food and Agriculture Organization of the United Nations in rural development, and with UNAIDS co-sponsors and others on HIV/AIDS. Close contacts will be maintained with the World Bank in the context of their Country Assessment Strategy and lending programmes. UNICEF is collaborating closely with the United Nations Office of Human Rights, UNDP and the International Labour Organization on child labour and trafficking.

50. There has been a productive collaboration with a number of bilateral donors, namely Sweden, Japan, Australia, Norway, the United Kingdom, the Netherlands and the United States, and with UNICEF National Committees of Germany, Japan, Canada, Australia, the Netherlands and France. Linkages with the European Union and other donors will be further developed. UNICEF is participating in the ongoing debate on SWAPs in health and education and will promote more effective donor coordination mechanisms.

## Programme management

51. Under the overall coordination of the Ministry of Planning, several ministries and public institutions will participate in the implementation of the new country programme: the Ministries of Health, Education, Social Affairs, Rural Development, Women Affairs, Agriculture, Economy and Finance, and Interior; the Cambodian National Council for Children; and the Cambodian Mine Action Centre. At the subnational level, UNICEF inputs will be executed mainly through the technical departments of relevant ministries under

the overall coordination of the Provincial Development Committees chaired by Provincial Governors. At the commune level, commune councils will be involved in planning, monitoring and coordination. At the village level, VDCs will play a pivotal role in ensuring preparation and implementation of participatory village action plans.

52. The programme budget will be funded mainly through specific donor contributions, the current fund-raising strategy having proved successful in mobilizing close to $10 million per year in the last three years. Regular resources will be used to ensure continuity of core projects, secure crucial technical assistance, introduce new activities and ensure continued support for emergencies such as the HIV/AIDS epidemic.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Cambodia | (1998 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 119 | (1998) | High U5MR |
| Infant mortality rate | 83 | (1998) | High IMR |
| GNP per capita $ | 260 | (1998) | Low GNP |
| Total population | 10.7 million | (1998) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1975 | 1980 | 1990 | 1998 |
|---|---|---|---|---|---|
| Births | (thousands) | 231 | 251 | 359 | 364 |
| Infant deaths (under 1) | (thousands) | 33 | 20 | 26 | 30 |
| Under-five deaths | (thousands) | 59 | 33 | 38 | 43 |
| Under-five mortality rate (per 1,000 live births) | | 200 | 130 | 107 | 119 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 113 | 81 | 70 | 83 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) | Moderate & severe | .. | 52* |
| (% weight for age, 1996) | Severe | .. | 18* |
| Babies with low birth weight (%) | | .. | |
| Primary school children reaching grade 5 (%, 1998**) | | .. | 45** |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.)(%, 1998) | .. | 16 |
| Timely complementary feeding rate (6-9 mos.)(%, 1998) | .. | 67 |
| Continued breast-feeding rate (20-23 mos.) (%, 1998) | .. | 54 |
| Prevalence of wasting (0-59 mos.) (%, 1996) | .. | 11* |
| Prevalence of stunting (0-59 mos.) (%, 1996) | .. | 56* |
| Vitamin A supplementation coverage(6-59 mons.)(%, 1998) | .. | 80 |
| Household consuming iodized salt (%, 1996) | .. | 7 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1997) | | .. | 21 |
| Routine EPI vaccines financed by government (%, 1998) | | .. | 0 |
| Access to safe water | Total | .. | 29 |
| (% of population, 1998) | Urban/rural | .. / .. | 53 / 25 |
| Access to adequate sanitation | Total | .. | 14 |
| (% of population, 1998) | Urban/rural | .. / .. | 53 / 6 |
| Births attended by trained personnel (%, 1984/1998) | | 47 | 34 |
| Maternal mortality rate (per 100,000 live births, 1980-1998) | | . | 470 |

| Immunization | | 1981 | 1985 | 1990 | 1998 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | .. | 57 | 54 | 76 |
| | DPT | .. | 23 | 40 | 64 |
| | Polio | .. | 26 | 40 | 64 |
| | Measles | .. | 29 | 34 | 63 |
| Pregnant women (%) immunized against: | Tetanus | .. | 21 | .. | 31 |

* Aged (6-59 months).

** EFA 2000.

TABLE 1 (continued)

Cambodia

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) | Total | / | 90 / 78 |
| (%, 1998**) | Male | / | 95 / 82 |
| | Female | / | 84 / 74 |
| Secondary enrolment ratio (gross/net) | Total | / | 24 / |
| (%, 1996) | Male | / | 30 / |
| | Female | / | 18 / |
| Adult literacy rate, 15 years & older[a] | Total | | 68 |
| (%, 1997**) | Male/female | / | 79 / 58 |
| Radio/television sets | | 108 / 7 | 127 / 9 |
| (per 1,000 population, 1985/1996) | | | |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1998 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 6938 | 6498 | 8652 | 10716 | 11158 |
| Population aged 0-18 years | (thousands) | 3437 | 3022 | 3945 | 5110 | 5345 |
| Population aged 0-5 years | (thousands) | 1194 | 714 | 1528 | 1602 | 1613 |
| Urban population (% of total) | | 12.0 | 12.0 | 17.0 | 21.8 | 23.0 |
| Life expectancy at birth | Total | 43 | 38 | 50 | 53 | 54 |
| (years) | Male | 42 | 37 | 49 | 52 | 52 |
| | Female | 44 | 40 | 52 | 55 | 56 |
| Total fertility rate | | 5.9 | 4.6 | 5.0 | 4.6 | 4.4 |
| Crude birth rate (per 1,000 population) | | 42 | 38 | 41 | 34 | 32 |
| Crude death rate (per 1,000 population) | | 21 | 30 | 15 | 13 | 12 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate | | | 22 |
| (%, 1998) | | | |
| Population annual growth rate | Total | 1.1 | 2.7 |
| (%,1970-1990/1990-1998 ) | Urban | 2.8 | 5.2 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate | | | 2.0 |
| (%, 1990-1998) | | | |
| Inflation rate (%, 1990-1998) | | | 33 |
| Population below $1 a day (%) | | | |
| Household income share | Top 20%/bottom 40% | / | / |
| (%) | | | |
| Government expenditure | Health/education | / | / |
| (% of total expenditure) | Defense | | |
| Household expenditure | Health/education | / | / |
| (% share of total, 1980 or 1985) | | | |
| Official development assistance: | $US millions | 281 | 337 |
| (1980/1998) | As % of GNP | | 11 |
| Debt service | | | |
| (% of goods and services exports, 1997) | | | 1 |

** EFA 2000.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-2000 a/

COUNTRY: CAMBODIA
LATEST BOARD APPROVAL: 1996
GENERAL RESOURCES: $11,550,000.00

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Regular resources b/ | | Other resources | | Total (RR & OR) | |
| | RR b/ | OR | RR b/ | OR | RR b/ | OR | RR b/ | OR | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 651 | 4,096 | 63 | 248 | 1,117 | 904 | 1,436 | 2,240 | 3,267 | 2,255 | 7,488 | 15,495 | 10,755 | 17,750 |
| Basic education | 132 | 2,799 | 8 | 21 | 518 | 1,248 | 216 | 11,268 | 874 | 1,800 | 15,336 | 17,500 | 16,210 | 19,300 |
| Community action for social and development | 352 | 1,938 | 203 | 414 | 946 | 868 | 1,047 | 2,170 | 2,548 | 2,555 | 5,390 | 17595 | 7,938 | 20,150 |
| Advocacy, planning and support | 264 | 482 | 91 | 95 | 510 | 1,152 | 887 | 5,438 | 1,752 | 1,750 | 7,167 | 10,750 | 8,919 | 12,500 |
| Programme support | 150 | | | | 2,032 | 15 | 617 | 312 | 2,799 | 3,190 | 327 | 360 | 3,126 | 3,550 |
| GRAND TOTAL | 1,549 | 9,315 | 365 | 778 | 5,123 | 4,187 | 4,203 | 21,428 | 11,240 | 11,550 | 35,708 | 61,700 | 46,948 | 73,250 |

RR = Regular resources.
OR = Other resources.

a/ Actual expenditure includes expenditure recorded as of 31 May 2000.

b/ Actual GR expenditure includes allocations from global funds.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: CAMBODIA
PROGRAMME CYCLE : 2001-2005

| | FUND | 2001 | 2002 | 2003 | 2004 | 2005 | TOTAL |
|---|---|---|---|---|---|---|---|
| COMMUNITY ACTION FOR CHILD RIGHTS | RR | 840,000 | 740,000 | 740,000 | 740,000 | 740,000 | 3,800,000 |
| | FOR | | | | | | |
| | NOR | 2,200,000 | 2,300,000 | 2,300,000 | 2,300,000 | 2,300,000 | 11,400,000 |
| | TOTAL | 3,040,000 | 3,040,000 | 3,040,000 | 3,040,000 | 3,040,000 | 15,200,000 |
| HEALTH AND NUTRITION | RR | 460,000 | 460,000 | 460,000 | 460,000 | 460,000 | 2,300,000 |
| | FOR | | | | | | |
| | NOR | 2,600,000 | 2,600,000 | 2,300,000 | 1,900,000 | 1,600,000 | 11,000,000 |
| | TOTAL | 3,060,000 | 3,060,000 | 2,760,000 | 2,360,000 | 2,060,000 | 13,300,000 |
| EXPANDED BASIC EDUCATION | RR | 280,000 | 480,000 | 480,000 | 480,000 | 480,000 | 2,200,000 |
| | FOR | | | | | | |
| | NOR | 3,100,000 | 2,700,000 | 2,400,000 | 2,000,000 | 1,800,000 | 12,000,000 |
| | TOTAL | 3,380,000 | 3,180,000 | 2,880,000 | 2,480,000 | 2,280,000 | 14,200,000 |
| CHILDREN IN NEED OF SPEC.PROTECT. | RR | 300,000 | 300,000 | 300,000 | 300,000 | 300,000 | 1,500,000 |
| | FOR | | | | | | |
| | NOR | 2,000,000 | 2,000,000 | 1,800,000 | 1,600,000 | 1,600,000 | 9,000,000 |
| | TOTAL | 2,300,000 | 2,300,000 | 2,100,000 | 1,900,000 | 1,900,000 | 10,500,000 |
| HIV/AIDS PREVENTION AND CARE | RR | 200,000 | 200,000 | 200,000 | 270,000 | 270,000 | 1,140,000 |
| | FOR | | | | | | |
| | NOR | 900,000 | 1,100,000 | 1,300,000 | 1,700,000 | 1,800,000 | 6,800,000 |
| | TOTAL | 1,100,000 | 1,300,000 | 1,500,000 | 1,970,000 | 2,070,000 | 7,940,000 |
| ADVOCACY AND SOCIAL MOBILIZATION | RR | 380,000 | 280,000 | 280,000 | 280,000 | 280,000 | 1,500,000 |
| | FOR | | | | | | |
| | NOR | 200,000 | 300,000 | 400,000 | 500,000 | 600,000 | 2,000,000 |
| | TOTAL | 580,000 | 580,000 | 680,000 | 780,000 | 880,000 | 3,500,000 |
| CROSS-SECTORAL COSTS | RR | 644,000 | 647,000 | 654,000 | 599,000 | 599,000 | 3,143,000 |
| | FOR | | | | | | |
| | NOR | | | | | | |
| | TOTAL | 644,000 | 647,000 | 654,000 | 599,000 | 599,000 | 3,143,000 |
| TOTAL, PROGRAMME BUDGET | RR | 3,104,000 | 3,107,000 | 3,114,000 | 3,129,000 | 3,129,000 | 15,583,000 |
| | FOR | | | | | | |
| | NOR | 11,000,000 | 11,000,000 | 10,500,000 | 10,000,000 | 9,700,000 | 52,200,000 |
| | TOTAL | 14,104,000 | 14,107,000 | 13,614,000 | 13,129,000 | 12,829,000 | 67,783,000 |
| STAFF COSTS a/ | | 1,040,313 | 1,150,951 | 1,202,054 | 1,255,686 | 1,296,341 | 5,945,345 |
| GENERAL OPERATING COSTS | | 440,600 | 440,600 | 440,600 | 440,600 | 440,600 | 2,203,000 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 1,480,913 | 1,591,551 | 1,642,654 | 1,696,286 | 1,736,941 | 8,148,345 |
| GRAND TOTAL | | 15,584,913 | 15,698,551 | 15,256,654 | 14,825,286 | 14,565,941 | 75,931,345 |

RR = regular resources
FOR = funded other resources
NOR = new other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY: CAMBODIA
PROGRAMME: 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | RR | FOR | NOR | TOTAL | D2/LT D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| REGULAR RESOURCES | | | | | | | | | | | | | | | | |
| COMMUNITY ACTION FOR CHILD RIGHTS | 1,800,000 | | | 1,800,000 | 0 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 988,549 | 53,092 | 1,041,641 |
| HEALTH AND NUTRITION | 2,100,000 | | | 2,100,000 | 0 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 988,549 | 53,092 | 1,041,641 |
| EXPANDED BASIC EDUCATION | 2,250,000 | | | 2,250,000 | 0 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 871,340 | 53,092 | 924,432 |
| CHILDREN IN NEED OF SPEC PROTECT | 1,500,000 | | | 1,500,000 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HIV/AIDS PREVENTION AND CARE | 1,140,000 | | | 1,140,000 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ADVOCACY AND SOCIAL MOBILISATION | 1,500,000 | | | 1,500,000 | 0 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CROSS-SECTORAL COSTS | 3,143,000 | | | 3,143,000 | 0 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 3 | 871,340 | 268,422 | 1,139,762 |
| TOTAL RR | 15,543,000 | | | 15,543,000 | 0 0 | 0 | 1 | 1 | 0 | 1 | 2 | 17 | 20 | 3,093,929 | 1,254,490 | 2,348,419 |
| OTHER RESOURCES | | | | | | | | | | | | | | | | |
| COMMUNITY ACTION FOR CHILD RIGHTS | | 0 | 11,400,000 | 11,400,000 | 0 0 | 0 | 0 | 0 | 1 | 0 | 1 | 6 | 2 | 9 | 701,259 | 1,311,276 | 2,012,535 |
| HEALTH AND NUTRITION | | 0 | 11,000,000 | 11,000,000 | 0 0 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | 3 | 1,572,533 | 750,761 | 2,322,992 |
| EXPANDED BASIC EDUCATION | | 0 | 12,000,000 | 12,000,000 | 0 0 | 0 | 0 | 1 | 2 | 0 | 4 | 2 | 2 | 6 | 2,271,859 | 529,206 | 2,801,064 |
| CHILDREN IN NEED OF SPEC PROTECT | | 0 | 9,000,000 | 9,000,000 | 0 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 3 | 5 | 871,340 | 412,960 | 1,284,300 |
| HIV/AIDS PREVENTION AND CARE | | 0 | 6,800,000 | 6,800,000 | 0 0 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | 1 | 4 | 1,572,533 | 244,163 | 1,816,762 |
| ADVOCACY AND SOCIAL MOBILISATION | | 0 | 2,000,000 | 2,000,000 | 0 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 701,259 | 120,763 | 822,021 |
| TOTAL OR | | 0 | 52,200,000 | 52,200,000 | 0 0 | 0 | 0 | 4 | 6 | 0 | 11 | 11 | 11 | 33 | 7,692,914 | 3,369,382 | 11,062,296 |
| TOTAL RR & OR | 15,543,000 | 0 | 52,200,000 | 67,743,000 | 0 0 | 0 | 1 | 5 | 6 | 0 | 14 | 14 | 28 | 54 | 22,586,621 | 5,051,775 | 17,558,391 |
| SUPPORT BUDGET | | | Operating costs | 2,203,705 | | | | | | | | | | | | |
| | | | Staffing | | 0 1 | 1 | 2 | 3 | 1 | 5 | 1 | 8 | 14 | 4,447,570 | 1,307,767 | 5,755,345 |
| GRAND TOTAL (RR + OR + SB) | | | | | 0 1 | 2 | 9 | 7 | 1 | 21 | 13 | 40 | 78 | 16,956,191 | 6,359,537 | 23,313,736 |
| | Number of posts and staff costs | | | | | | | | | | | | | | | |
| | Current programme cycle | | | | | | | | | 19 | 12 | 41 | 72 | | | |
| | At the end of proposed programme cycle (cumulative only) | | | | | | | | | 21 | 13 | 40 | 74 | 16,956,191 | 6,359,537 | 23,313,736 |

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = new other resources
IP = international Professional
NP = national Professional
GS = General service
SB = support budget

a/ Each post, regardless of its funding source, expressed as [illegible] (maximum of 4 posts).
b/ Including temporary assistance and overtime.